

Corrective Action HRPerf001

I. EMPLOYEE DATA First Name Frank		M.I	Last Na Dunde			Employee (Enter exactly	
Position Pharmacist						Year 2017	
Entity UH Geauga Medica	al Center			Department Pharmacy			
(Check one)	☐ Confirmation of C	ounseli	ng 🗆	☐ Warning X Final Warning/Suspension ☐ Discharge		Discharge	
II. CIRCUMSTANC	CES		Alita				
Dates of attendar	nce or tardiness occu	rrences	: <u> </u>				
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coworker Derek F	nd our Code of Conduc	t. On Ju practica	ine <mark>8, 201</mark> Ily no exp	.7 in an email to Bed erience. A nice boy	ky Besselma , but" On	an, you wrote June 10, 201	about your 7, in an email to
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EXHIBIT 1-P

Frank, as part of the action plan, UH is mandating a referral to the Employee Assistance Program. You are responsible for contacting the EAP by calling 216-844-4948 (see separate form). Failure to follow up with EAP in the required timeframe can result in further disciplinary action up to an including termination.

Please be aware that additional violations of policy or failure to meet performance expectations will results in corrective action up to and including termination.



Corrective Action

IV. EMPLOYEE COMMENTS	
Aggerge or to Ello	
V. SIGNATURE OF ACKNOWLEDGMENT	
I understand that I may contact an HR representative to di optional complaint resolution steps. Other than in cases of document continue, additional corrective action up to and	scuss questions or concerns related to this document including f discharge, should the performance concerns outlined in this including discharge may occur.
Employee Signature	Date 6'36-30(1)

Case: 1:19-cv-01141-DAP Doc #: 43-18 Filed: 05/18/20 3 of 3. PageID #: 630

Manager Signature	Date	
Rachael German	6/26/17	

PLEASE RETURN THIS FORM TO YOUR LOCAL HUMAN RESOURCES DEPARTMENT